

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: McDonald et al. Attorney Docket No: UNIV0170  
Serial No: 10/626,028 Group Art Unit: 2624  
Filed: July 24, 2003 Examiner: Conover, Damon M.  
Confirmation No: 1273  
Title: SEGMENTATION OF LEFT VENTRICULOGRAMS USING BOOSTED  
DECISION TREES

FOR ELECTRONIC FILING

AMENDMENT TRANSMITTAL LETTER

Bellevue, Washington 98004

March 28, 2007

TO THE COMMISSIONER FOR PATENTS:

A. Amendment Transmittal

Transmitted herewith is an amendment in the above-identified patent application.

- ☒ 1. No additional claim fee is required, as shown below.  
☐ 2. The claim fee has been calculated, as shown below.  
☐ 3. Fees, as calculated below, in the amount of \$\_\_\_\_\_, will be charged to a credit card during electronic submission.

B. Request for Constructive Petition for Extension of Time

It is requested that any concurrent or future reply submitted in the present application requiring a petition for an extension of time under 37 CFR 1.136(a)(3) for timely submission be treated as incorporating a petition for extension of time for the appropriate length of time. It is also requested that any additional required fees under § 1.17, including all required extension of time fees, be charged to Deposit Account No. 01-1940, thereby constructively petitioning for any necessary extension of time to maintain the present application in a pending state.

| <u>Computation of Fee For Claims as Amended</u> |   |   |                      |             |                           |
|---|---|---|----------------------|-------------|---------------------------|
|   | <u>Claims Remaining<br/>after Amendment</u> | <u>Highest Number<br/>Previously Paid For</u> | <u>Present Extra</u> | <u>Rate</u> | <u>Additional<br/>Fee</u> |
| Total Claims                                    | 20  | 20  | 0                    | x \$25      | \$0                       |
| Independent Claims                              | 2   | 3   | 0                    | x \$100     | \$0                       |
| ADDITIONAL CLAIM FEE                            |   |   |                      |             | \$0                       |
| TOTAL ADDITIONAL FEE FOR THIS RESPONSE          |   |   |                      |             | <u>\$0</u>                |

C. Additional Fee Charges or Credit for Overpayment

Please charge any additional fees or credit any overpayment to Deposit Account No. 01-1940.

Respectfully submitted,

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